

JOINED:

Meadowvale Seniors Social Club

Membership Information

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ APT. #: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE #: (_____) _____

DATE OF BIRTH: YEAR: _____ MONTH: _____ DAY: _____

EMAIL ADDRESS:

Please Note: All Emergency Contact Information must be completed:

NAME: _____
TELEPHONE #: HOME: (_____) _____ CELL: (_____) _____
ALTERNATE CONTACT: _____
TELEPHONE #: HOME: (_____) _____ CELL: (_____) _____

I AM INTERESTED IN ATTENDING: *(Please check all activities that may apply)*

CARPET BOWLING (MONDAY)	KNITTING (MONDAY)	BRIDGE (EVERY DAY EX. WED)	LINE DANCING (TUESDAY)	EUCHRE (TUES/FRI)	CRIBBAGE (THURS)	BINGO (WED)	DOMINOES (FRIDAYS)	SNOOKER (EVERY DAY EX. THURS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECORD OF PAYMENT:		<i>(FOR MEMBERSHIP COMMITTEE USE ONLY)</i>		
DATE PAYMENT RECEIVED	PERIOD	CLUB DUES	U.S.C.O. DUES (\$3.00)	TOTAL PAID